

ATTORNEY REGISTRATION

Change of Name/Address

Attorneys admitted to practice in the U.S. District Court, Northern District of Ohio are required to submit a written notice of change of name, business address and/or email address to the Clerk upon a change in address pursuant to Local Civil Rule 83.5(i) and Local Criminal Rule 57.5(i).

PLEASE TYPE

First Name: _____ Middle Name: _____

Last Name: _____ If appropriate circle one: Senior / Junior / II / III, IV

Highest state court admitted: _____ Bar ID Number: _____

NAME CHANGE:

Please change my name on record with the U.S. District Court, Northern District of Ohio to the name listed below. Name change request should be accompanied by a copy of the name change order, such as marriage license, divorce decree, etc.

First Name: _____ Middle Name: _____

Last Name: _____ If appropriate circle one: Senior / Junior / II / III, IV

CHANGE OF ADDRESS:

Please change my address as specified below:

Firm Name: _____

Suite Number/Building Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Voice Telephone Number: (_____) _____ Fax Number: (_____) _____

Internet Mail Address: _____

I certify that the information I am providing on this form is true and accurate.

Signature of attorney

Date

Please mail or fax the form to: Attorney Registration Specialist
U.S. District Court
Northern District of Ohio
801 Superior Avenue, W
Cleveland, OH 44113
216-357-7040 (fax)